

CERTIFICATE OF MAILING BY FIRST CLASS MAIL" (37 CFR 1.8)

Docket No.

Applicant(s): Andrew Bartlett, et al.

MCA-460 PC/US

Application No.

09/937,114

Filing Date

September 20, 2001

Examiner

Krishnan S. Menon

Group Art Unit

1797

Title:

Sealing Device for Filtration Devices



I hereby certify that the below items are being deposited with the United States Postal Service first class mail in an envelope addressed to: The Commissioner of Patents and Trademarks, P.O. Box 1450, Alexandria, VA 22314-1450 on November 11, 2008.

Request for Continued Examination (RCE) (1 pp.)

Petition for Extension of Time (1 pp.)

Response Transmittal (1 pg)

Response (12 pgs)

Certificate of Mailing (1 pg.)

Authorization to Charge Fees to Deposit Account No.: 133577

Stacey Gross
Stacey Gross
Millipore Corporation



Attorney Docket No. MCA-460 PC/US
Amendment Dated: November 11, 2008

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Applicants: A. Bartlett, et al.
Application Number: 09/937,114 Group Art Unit: 1797
Filed: September 20, 2001 Examiner: Menon, Krishnan S.
Title: Sealing Device for Filtration Devices

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22314-1450

RCE AND AMENDMENT TRANSMITTAL

Sir:

Transmitted herewith is an amendment in the above-identified application. In lieu of filing a Notice of Appeal in reply to the Office Action made final, Applicant's Attorney is filing a Request for Continued Examination (RCE). Reconsideration and further examination are requested.

- ☐ No additional fees under 37 C.F.R. Rule 1.16 are required.
☒ The fee has been calculated as shown below.

	(Col. 1) Claims Remaining After Amendment		(Col. 2) Highest Number Previously Paid For		(Col. 3) Present Extra	Rate	Add'l Fee
Total	* 6	-	** 27	=	0	X52	0
Indep.	* 2	-	*** 3	=	0	X220	0
TOTAL ADDITIONAL CLAIM FEE:							0
Extension of Time under 37 CFR 1.136(a)							130.00
Request for Continued Examination							810.00
TOTAL FEE:							940.00

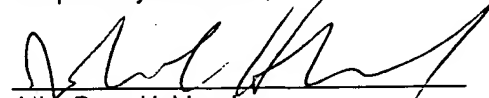
- * If the entry in Col. 1 is less than entry on Col. 2, write "0" in Col. 3
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

- ☐ A check in the amount of \$ _____ is attached.
☒ Charge \$ 940.00 to Deposit Account No. 13-3577. A duplicate copy of this sheet is attached.
☒ Please charge any additional fees or credit overpayment to Deposit Account No. 13-3577.

Date: November 11, 2008

JDH/smg

Respectfully submitted,


John Dana Hubbard
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